

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILIPPINE HEALTH INSURANCE CORPORATION
Of Lindard Content Terminal, Bright Bryang Oupay, Lucena City
6,(042) 273-7554. @www.crishoath.gov.ph
GP102 toathifugitarid. Weamphilipath

#### PURCHASE ORDER

OFFICE/DEPARTMENT MSD-Admin

Suppli	ier:	B.E.	CORPORA'	TION	PO No.	2023-04-027
Addre		29 Panay Aver	nue.	Date:	17-Apr-23	
		Quezon City				ON ACCOUNT
Tel.Pa	x No.:	(02) 8376 730				NP-SMALL VALUE
	ier Registere		Security and Exchange Commi		Mode of Procurement:	TAT -CHANGES A VALUE ES
	Please deliv	er to this office	within <u>30 days</u> from receipt b	ereof the following:		
NO.	QTY	UNIT		ESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2500	box	BOX CORRUGATE Dimension to fit th racks or racking sy the user	e steel	65.95	164,875.00
			-Minimum Specifications plain, 136kl / 300lbs., BC Body: 16" x 10 1/2" x 10 3 Top: 16 1/2" x 11" x 2"	Flute		
	***************************************					164,875.00
		<del> </del>		Less Taxes: 5% VAT	7,360.49	
	A. T. C.	<u> </u>		1% EWT	1,472.10	8,832.59
	ARTON CONTRACTOR CONTR				TOTAL AMOUNT	156,042.41
			Purchase Request Date:	No: 2023-01-047 . 28-Mar-23	<b>\</b>	
2.	as liquidate	shall impose ed d damages. of receipt of the	Purchase Order / PO by the supp	total value of the undelivered order fuller is not indicated, it shall be deemed or small.	received on the day it wa	
	Delivery of to inform P Property an	the above item rocurement Se ed Supply Unit	(s) shal be made within the delive ction atleast two (a) days before t at Philiticalth Regional Office IV- i Invalor, shall be required to one-	ey period from Mondays to Fridays 8 at the delivery. All item(s) shall be delivery. Larcena Grand Central Torminal, Bry time complete delivery of the goods.	ed and accepted by the y, Hayang Dupay, Lucena	City.
F	Defective, 6	neompatible or	non-compliant of goods as to spe	eification when quoted shall be rejecte	a and tenumen at me mit.	L 41

5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
6. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of Philliealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philliealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or pivale sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directorsor employees, or create the appearance of a conflict of interest.
Very truly yours Very truly yours

⇒ f	BENJIE A. CUVINAR Chief, MSD
Name	DANILO M. REYNES, MD, MPA RVP, PRO IVA
Conforme: ROMEO BELIXO	Received Copy of PO:  MAY 12, 2023
Signature over Pinted Name and Position of Authorized Representative	Date



Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A © Lucena Grand Central Terminal. Brgy. Ilayang Dupay, Lucena City (042) 373-7554 © www.philhealth.gov.ph PhilHealthRegion4A Teamphilhealth

CERTIFICATE OF AVAILABILITY OF					S (CAF)
Cost Center	ADMIN	1.0	F#:	2023-0067	04/18/2023
			F#:	2023-0067	
	Parti	culars	and the second s	Account Cod (to be filled out Budget)	Amount
IVA use	. CORPORATI	ON	ed Boxes) for PRO	50203010	01 ₱164,875.00
	,		TOTAL		₱164,875.
REQUESTED BY		FUNDS AVA	AILABLE	CERTIFICATI	ION
Certifed: Charges to budget ne under my direct supervision	cessary, lawful and	Certifed: Budget a purpose, as indica	ivallable and earmarked for the ted above	Certifed: Funds ava described; in the ar	ailable for disbursement herein mount specified
Signature:		Signature:	ly: Jul	Signature:	t
Printed Name: Joseph Ad	rian R. Rejano	Printed Name:	Ma. Pamela B. Leynes	Printed Name:	Aron R. Riano
Position: AO III		Position:	Budget Officer - Designate	Position:	Fiscal Controller IV
Office: ADMIN	1	Office:	MSD-FMS	Office:	MSD-FMS
Date:	18	Date:	4/18/23	Date:	APR 18 2023
Remarks:		Remarks:	1101	Remarks:	



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A Q Lucena Grand Central Terminal. Brgy. Ilayang Dupay, Lucena City (042) 373-7554 ⊕www.philhealth.gov.ph PhilHealthRegion4A ¥teamphilhealth

CERT	FICATE	F FUND	S (	CAF)		
Cost Center	ADMIN		F#:	2023-0067		04/18/2023
		CA	F#:	2023-0067		04/18/2023
	Partic	culars		Account Code (to be filled out Budget)		Amount
IVA use	CORPORATI	ON	ed Boxes) for PRO	502030100	01	₱164,875.00
			TOTAL			₱164,875.00
REQUESTED BY		FUNDS AVA	AILABLE	CERTIFICATI	ON	
Certifed: Charges to budget ne under my direct supervision	cessary, lawful and	Certifed: Budget a purpose, as indi <b>c</b> a	ivailable and earmarked for the ted above	Certifed: Funds available for disbursement herein described; in the amount specified		
Signature:		Signature:	hy: yel	Signature:		5
Printed Name: Joseph Ad	rian R. Rejano	Printed Name;	Ma. Pamela B. Leynes	Printed Name:	Aron i	R. Riano
Position: AO III		Position:	Budget Officer - Designate	Position:	Fiscal	Controller IV
Office: ADMIN		Office:	MSD-FMS	Office:	MSD-I	FMS
Date:	IV .	Date:	Judan	Date:	AS	22 1 8 2023
		Remarks:	7/10/67	Remarks:	- 741	
Remarks:		Nemarks.		nemana.		



Republic of the Philippines

#### PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

**६** (042) 373-7554 ⊕www.philhealth.gov.ph

Title of Procurement: **PROCUREMENT OF OFFICE SUPPLIES** (CORRUGATED BOX)

#### CERTIFICATION

This is to certify that this procurement was conducted in accordance with R.A. No. 9184, the Government Procurement Reform Act, and its Revised Implementing Rules and Regulations (RIRR).

> ATTY. JIANDRA CARMELA P. PANGANIBAN PRO BAC, Chairperson

Noted by:

DANILO M. REYNES, MD, MPA

Regional Vice President



Republic of the Philippines

#### PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A

#### CERTIFICATION

This is to certify that the attached **PURCHASE ORDER/S** between **PHILIPPINE HEALTH INSURANCE CORPORATION REGIONAL OFFICE IVA** and the following Suppliers.

PO NO.	SUPPLIER	PARTICULARS	PO AMOUNT
2023- 04-027	B.E. Corporation	2,500 Box Corrugated, Dimension to fit the steel racks or racking system of the user	Php164,875.00
2023- 04-031	New Bethro Trading and Car Care Center	6 pcs Tire, size: 235/70 R15	Php40,800.00
2023- 04-032	MGCB Marketing	4 pcs Tire, size: 205/65 R15	Php23,400.00
2023- 04-033	Ace Hardware Philippines Inc.	5 sets Extension Cord; 4-gang, 10 meters	Php2,320.00

\*Inclusive of taxes

This purchase order/s passed through the office of the undersigned for initial legal review and evaluation and its certification pertains strictly to the review of provisions contained in the subject draft agreement and presumes that the procurement process was done accordingly pursuant to Republic Act 9184.

Issued this 25th day of April 2023.

ATTY. EUNICE C. ABDON-ROCES
Attorney IV, Legal Office

#### BEF - 4

### CHECKLIST OF DOCUMENTARTY REQUIREMENT FOR CERTIFYING BUDGET AVAILABILITY FOR CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

OF AVAILABILITY OF FUNDS (CAF)
Subject: Procurement of Comigated Box
Gross Budgetry Requirement:
1 ( ) Buly certified Abstract/ Matrix of canvass supported with the
lateast quotations from at least three (3) suppliers or copy of
Certificatin of Sole Distributorship
2 ( ) Copy of Corporate Personnel Order, if applicable
3H Copy of Contract, if applicable 100 2003 -04-07
4H Copy of approved Terms of reference (TOR), if applicable / Tech peu
5 ( ) Copy of the approved Request for Realignment of Funds (ReRef),
if applicable
6 ( ) Breakdown of budgetry requirement per object of expenditures, if
the activity/item to be conducted/procured is chargaeable to various office
7 ( ) List of Distribution per cost center, if the item to be conducted/
procured is chargeable to various office
& Copy of approved ABC, if applicable
9 ( ) Two (2) copies of properly filled up CAF Form
10 ( ) Strategic Objectives (StObs)
Remarks:
Prepared by:
Printed Name and Signature
(Budget Officer/Designate)



ABSTRACT OF QUOTATIONS (as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	B.E. CORPORATION		JADESON 7	TRADING	TRIPLE G AND A VENTURES INC.		
	UNIT PRICE TOTAL PRICE UNIT PRICE TOTAL PRIC				TOTAL PRICE	UNIT PRICE	TOTAL PRICE		
2500 box		BOX CORRUGATED, Dimension to fit the steel racks or racking system of the user	65.95	164,875.00	79.99	199,975.00	100.00	250,000.00	
		-Minimum Specifications: plain, 136kl / 300lbs., BC Flute Body: 16" x 10 1/2" x 10 3/6" Top: 16 1/2" x 11" x 2"							
		PR No./ Requesting Unit: 2 Recommending award to: <u>F</u> Reason for award: <u>I</u> Delivery Period: <u>3</u>	S.E. CORPORATION CRO		ADMIN	Price Validity: Terms of Payment:	NOT STATED NOT STATED ON ACCOUNT NOT STATED		
		Prepared by:	Re	Recommending approval: Approved by:					
				ECILIA I. PUREZA AO II / OIC-GSU	7/3 4	JOSEI	PH ADRIAN R. REJ	JANO	



Regulate of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Philifiealth Regional Office IV-A
©Lucens Grand Central Terminal, Brgy Itayang Dupay, Lucens City
©(0.42) 373-7554 @www.phiheating.or.ph

@PhilipalinRegion44 Weamphilineatin

#### REQUEST FOR QUOTATION

Date: March 28, 2023 RFQ No: 2023 -10 - 052

The Philippine Health Insurance Corporation (PhilHealth) through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

#### PROCUREMENT OF OFFICE SUPPLIES

Approved Budget 220,000.00

Purchase Request No/s 2023-01-047

Mode of Procurement NP - SMALL VALUE

Period of Submission March 29, 2023 to April 4, 2023

Delivery Period 30 days upon receipt of PO

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards Committee

(SBAC)/ Procurement Unit PhilHealth Regional Office IVA Brgy Ilayang Dupay Lucena City

Telephone: 02-84417444 local 5116 / (042) 373

7782/7056

procurement.pro4a@gmail.com bac.pro4a@philhealth.gov.ph ALLAN JEFFREY F. DATINGUINOO

Canvasser / Administrative Aide VI

JOY ANNE J. BANTUCAN
Administrative Services Officer II

Supplier who will submit a proposal / offer with the lowest calculated quotation shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Small Value Procurement (Sec. 53.9) shall be submitted within three (3) working days upon notification.

- 1. Mayor's /Business Permit for CY 2023;
- 2. PhilGEPs Registration Number; and
- 3. Proof of PhilHealth Contribution (latest)
- 4. Omnibus Sworn Statement (50K and above)
- 5. ITR/Business Tax Return with ABC above 500k

#### \*\*INSTRUCTION TO SUPPLIERS\*\*

- 1. Submit your quotation using the prescribed Quotation Form ( Annex A of the RFQ).
- 2. Accomplish the Quotation Form and do not alter the contents of the form in any way.
- 3. Non-compliance with the submission of the <u>accomplished prescribed/standard Quotation Form</u> and <u>Documentary Requirements</u> as stated above within the prescribed deadline shall automatically be disqualified.

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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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"ANNEX A"

#### **QUOTATION FORM**

Name	e of Con	npany:		B.E. Corporation				
Addr	ess:			29 Panay Avenue,	Paligsahan, Guezon City	***************************************		
Conta	ict Pers	on:		Romeo Beloso				
Conta	ct Num	ber:		(02) 8376-7302				
Offici	al Emal	l Addres	5:	ask becom @gmail.co				
After i		refully rea	d and accept	ted the Terms an	d Conditions of this RFQ specified in A	Annex B, hereu	nder is our quotat	ion/s for the Item
Item No.	άτγ	UNIT	Unit Price	Total Price	ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE Interes check the box if "Comply"	Do not fill this out if y	er's Offer ou did not comply with th Spect
						or "Not Comply")	Unit Price	Total Price
1	2500	box	88.00	220,000.00	BOX CORRUGATED, -COMPLY Dimension to fit the steel racks or racking system of the user -COMPLY	Comply Comply Comply	PHP 65.95	PHP164.875 00
				COMPLY	-Minimum Specifications: -COMPLY plain, 136ki / 300lbs., BC Flute Body: 16" x 10 1/2" x 10 3/6" Top: 16 1/2" x 11" x 2" - COMPLY			
					The state of the s		TOTAL:	PHP164,875.00
				·		**************************************		
4		) THE DEU : P.O / J.O.	VERY PERIOD - COMPLY	UPON			Statement of Compli the box if "Comply"	
		ery Period	- COMPLY O - COMPLY			E Comply	□Not Com	ply
No.				the above require	ments.	Florneo Beloso		
							r Printed Name	
						Postion/ Design	nation	
						April 4 2023		
						Date		



PHILIPPINE HEALTH INSURANCE CORPORATION Philifestith Regional Office IV-A

Q-Lucens Grand Central Terminal, Brys, Ilayang Dupay, Lucena City
4, (042) 973-7554 @www.phireastin.gov.ph

\$PhilifestithRegion4A Wreamphilheasth

"ANNEX B"

#### TERMS AND CONDITION:

- Suppliers/Bidders shall provide correct and accurate information required in this form.
- 2. Suppliers/Bidders shall quote on Item.
- 3. Price quotation/s must valid for thirty (30) calendar days from the date of submission.
- 4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/ or levies payable.
- 5. Quotation exceeding the Approved Budget for the Contract of the Item shall be rejected.
- 6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- 7. Any Interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- 8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
- 9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tiebreaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
- 11. Payment shell be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.
- 12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. Philhealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
- 13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for nonexpendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
- 14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of Philhealth No Gift policy
- 15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.

Signature over Printed Name

Postion/ Designation

April 4, 2023

Date





PERMIT TO OPERATE Telephone No.: 988-4242 Loc. 8174 / 8282



FOR COMPLIANCE NOT REQUIRED Date of Payment 06/13/2022 110,405.16 FOR COMPLIANCE NOT REQUIRED C21-N-3170148B Clearance No Official Receipt No. B-2022-000-162-0006963 1-4 2022 29 PANAY AVE. PALIGSAHAN B.E. CORP. B.E. CORP. **Business Name** OTHER BUSINESSES AND BUSINESSES WITH FIXED RATES. \* DELIVERY TRUCK! MAN OPERATOR. Total No. of Employees UNE 13, 2023 Type of Applicative RENEWAL Kind of Business Area of Establishment 97-081282 06/13/2022 Date Issued CONTRACTOR
PRINTING SERVICES
TRIALIBH
CONSTRUCTION MATERIALS
CONRUGATED BOXES WHOLESALER + CONSTRUCTION MATERIALS · HARDWARE SUPPLIES SEE AT THE BACK.

474.86 SOM

HAME OF COMPANY PRESIDENT: REVES, CHRISTINE D.

14. VERIES TWO (2) DELVAN-SUBJECT TO: COND. 1.6.16 \*\* TO COMPLY WITH ANCILLARY REMARKS AND FINDINGS AS SERT WIA EMAIL DURING EVALUATION OF PERMIT APPLICATION BY REGULATORY DEPARTMENTS/OFFICES WITHIN 30 DAYS. THIS PERMIT IS VALID ONE THY PERMIT APPLICATIONS PERTIMENT TO CITY ORDINANCE NO. 30-2013, S-2021, SUBJECT TO PROVISIONS OF APPLICABLE LAWS, ORDINANCES, RULES AND REGULATIONS PERTIMENT TO CITY ORDINACT OF BUSINESS. FALURE TO COMPLY SHALL REVORDICE.

THIS PERMITS.



PAYMENT OF PERMIT FEES AND CITY TAXES. ERASURE/ALTERATIONS WILL INVALIDATE THIS PERMIT.

NON-TRANSFERABLE AND VALID ONLY WITH CORRESPONDING OFFICIAL RECEIPTS SHOWING

FAILURE TO RENEW THIS BUSINESS PERMIT/LICENSE WITHIN THE PRESCRIBED PERIOD SHALL

SUBJECT THE TAXPAYER TO A TWENTY-FIVE PERCENT (25%) SURCHARGE OF THE PERMIT FEE.

THIS PERMIT SHALL BE POSTED CONSPICUOUSLY AT THE PLACE OF BUSINESS AND SHALL BE

SURRENDER THIS PERMIT WITHIN 20 DAYS UPON CLOSURE OF BUSINESS TO AVOID PENALTY.

PRESENTED AND/OR SURRENDERED TO CONCERNED AUTHORITIES UPON DEMAND. SUBJECT TO COMPLIANCE TO ORDINANCES RELATED TO CONDUCT OF BUSINESS.

Printed by: RUTH ANGELICA EDILLOR

ANY ERASURE/ALTERATION WILL INVALIDATE THIS PERMIT

TIN: 002-303-406-000

55 No.: 03-9080231-6-000

MA. JOSEFINA G. BELMONTE For and by the Authority of the City Mayor:



MA. MARGARITA T. SANTOS City Government Department Head III

NO. AN. 208225

Republic of the Philippines **QUEZON CITY** 

Metro Manila BUSINESS PERMITS AND LICENSING DEPARTMENT

PERMIT TO OPERAT Telephone No.: 988-4242 Loc. 8174 / 8282

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* HARDWARE SUPPLIES  • CORRUGATED BOXES	· · · · · · · · · · · · · · · · · · ·		¥
	-		
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			: 2
		-	
List of conditions as subjected in acco	Ust of conditions as subjected in accordance with the ordinances related to conduct of business.	iduct of business.	
( This permit is issued subject to compliance with the requirements of the City Building Official,	equinements of the City Building Official,	7 The provisions of R.A. 5455 and other conditions that may be imposed by the Board of Investments.	lay be imposed by the Board of Investments.
City Fire Marchal City Health Officer and District Director CDD DND be to helifold fire safety	ther CDD and se to heidden fire colour	8 We minor not combling in any form shall be allowed in the establishment. Minors shall not be	he establishment. Minors shall not be

City Fire Marshal, City Meaun Officer and District Director, CPD, PNP, as to building, fire santary and peace and arder, respectively; and requirements of other government.

- agancies and/or instrumentalities faialive to the operation of the business.
- 2 Place to be utilized as an Office, no storing or warehousing or merchandise and equipment.

3 No business shall be conducted along government road right-of-away or sidewalk, Conduct

- 4 Subject to issuance of pollution clearance from Laguna Lake Development Authority and/or business should not obstruct vehicular and/or pedestrian traffic,
  - Thak Force Clean and Green, Quezon City.
- as provided under Ordinances Nos. SP-123, S-93, SP-196, S-94 and SP-188, S-94 respectively c) charging/payment of bar fines to bring out a personnel/employee of any night club, etc. Prohibition on a) tewd shown in Q.C.; b) view rooms, display windows or "Aquanums",
- Notionalization Office, Department of Trade and Industry and Sec. 2-A or C.A No. 103 as amended. The provisions of R.A. 1180 and other conditions that may be imposed by the Retail Trade w

- No minor nor gambling in any form shall be allowed in the establishment. Minors shall not be alrowed to play billiard games. Subject to the provisions of R.A. 979 amanded by R.A. 1224.
- Business address may be affected by government demolition.
- 10 Valid stail leasehold as certified by the Market Division, Office of the City Administrator.
- 11 Pertinent provisions of NC-85, S-89 on the serving of liquor as applicable.
  12 Subject to the provisions of Ordinance No. 8010-69 and/or Dangerous Drug Act, on re-sale or manufacture of prohibited drugs.
  - 13 Compliance to R.A. 7412 (20% Discount for Senior Citizens), Solo Parent Act.
    14 Subject to 30% Antuscment Tax.
    15 Febrication at Jobsite.
- 16 Separate Occupational Permit for each employee SP-91, 5-93.
  17 Subject to the provisions of Res. NC-163, 5-88.
  18 Compliance to CCTV Ordinance No. 2139, 5-2012.



My PhilGEPS

My Organization

My Profile

Opportunities

Buyers CSO Auditor Suppliers

Wednesday, April 5, 2023 09:30 AM

#### Organization Profile

#### **B.E CORPORATION**

29 Panay Avenue Quezon City Metro Manila NCR Philippines 1103

Organization Member Type:

Organization Number:

Registration Date:

Registration Type:

Form of Organization:

Organization Type:

**Business Category:** 

**Business Tax Identification Number:** 

**SEC Certificate Number:** 

SEC Registration Date:

Capitalization:

Agency Registration:

Blacklisted

Supplier

106495

04-Sep-2013

Red

Corporation

Manufacturer

Packaging Supplies and Materials

002303406000

AS093-001737

04-Mar-1993

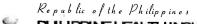
Php 300,000.00

No

No

Contact

Bautista, Lito Marquez



#### PHUPPINE HEALTHINSURANCE CORPORATION

#### SUMMARY OF EMPLOYER SUBMITTED REPORTS

FRON-A Lucena Oty

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

Tel. no.: (042) 373 6936 (042) 373 7056 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date 04/05/2023 RunTime 9.38AM

Phill-balth Number

SSS NO

: 0390802316

TIN

Printed By 30577717

: 002303406000

Employer Name

Address

Tel No.

: 200474303571

: BECORPORATION

: 29 PANAY AVE QUEZONOTY SECOND DISTRICT 1100

: 411-9002

Head Of Agency : CHRISTINED REYES

Report Coverage : ALL

			Heport Coverage	: ALL				
Carlind na	Filena	Reporting period	TOT. ME-5	AL CO VFI	PIES OF OR P	BR	Employees Reported	Anount
C10710200304614	CONTRI030001852020	03/2020 - 03/2020	0	0	1	0	4	1,416.75
C10713200303304	CONTRI030001882020	06/2020 - 06/2020	0	0	1	0	4	2,145.09
C10902200301249	CONTRI030002382020	07/2020 - 07/2020	0	0	1	0	4	2,000.10
C10911200302757	CONTRI030002472020	08/2020 - 08/2020	0	0	1	0	4	2,053.50
C11110200302341	CONTRI030003082020	09/2020 - 09/2020	О	0	1	0	4	2.271.75
C10123220301091	CONTRI030007552020	10/2020 - 10/2020	О	0	1	0	4	2.030.10
C10111210302518	CONTRI030003742020	11/2020 - 11/2020	О	0	1	0	4	1,963,50
C10122210302409	CONTRI030003862020	12/2020 - 12/2020	О	0	1	0	4	2,078.43
C10301210302424	CONTRI030000542021	01/2021 - 01/2021	О	0	1	0	4	2.013.99
C10410210300576	CONTRI030000932021	02/2021 - 02/2021	0	0	1	0	4	1,963.50
C10713210307135	CONTRI030001792021	04/2021 - 04/2021	0	0	1	0	4	1,707.90
C10728210301762	CONTRI030001972021	05/2021 - 05/2021	О	0	1	0	4	1,740.12
C10824210301678	CONTRI030002252021	06/2021 - 06/2021	0	0	1	0	4	2,255.64
C11006210302559	CONTRI030002752021	07/2021 - 07/2021	0	0	1	0	4	2,030.10
C11006210302472	CONTRI030002752021	08/2021 - 08/2021	0	0	1	0	4	1,975.68
C11025210300964	CONTRI030002952021	09/2021 - 09/2021	0	О	1	0	4	2,271.75
C11116210302791	CONTRI030003212021	10/2021 - 10/2021	О	О	1	0	4	2,030.10
C10112220303800	CONTRI030003822021	11/2021 - 11/2021	0	0	1	0	4	2,271.75
C10121220301958	CONTRI030003922021	12/2021 - 12/2021	0	0	1	0	4	2,086.34
C10209220302874	CONTRI030000382022	01/2022 - 01/2022	0	0	1	0	4	1,963.50
C10404220302383	CONTRI030000932022	02/2022 - 02/2022	0	0	1	0	4	1,975.68
C10408220303189		03/2022 - 03/2022	0	0	1	0	4	2,183.15
C10505220302464	CONTRI030001242022	04/2022 - 04/2022	0	0	1	0	4	2,007.90
	CONTRI030001632022	05/2022 - 05/2022	0	0	1	0	4	2,175.09
C10817220302297	CONTRI030002362022	06/2022 - 06/2022	О	0	1	0	4	2,672.68
C10817220302242	CONTRI030002362022	07/2022 - 07/2022	0	О	1	0	4	2,661.60
C11003220303788	_	08/2022 - 08/2022	О	О	1	0	4	2,695.80
C11130220300917	CONTRI030003572022	09/2022 - 09/2022	0	0	1	0	4	2,618.00
C11130220301032	CONTRI030003572022	10/2022 - 10/2022	0	0	1	0	4	2,628.40
C10315230305472	C##EPAR030003982022	12/2022 - 12/2022	0	0	1	0	4	3,200.00
	C##EPAR03000622023	01/2023 - 01/2023	0	0	1	0	4	3,243.60
C10315230305748	C##EPAR03000622023	02/2023 - 02/2023	0	0	1	0	4	3,561.80
TOTAL REPORTS:	208		`					

#### Omnibus Sworn Statement (Revised)

REPUBLIC OF THE PHILIPPINES ) CITY/MUNICIPALITY OF QUEZON) S.S.

27.54

#### **AFFIDAVIT**

- I, Romeo Beloso, of legal age, MARRIED, FILIPINO, and office address at 29 Panay Avenue. Quezon City after having in duly sworn in accordance with law, do hereby depose and state that:
  - 1. I am the duly authorized and designated representative of **B.E. CORPORATION** with office address at 29 Panay Avenue, Quezon City;
  - 2. I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for PROCUREMENT OF OFFICE SUPPLIES (RFQ NO. 2023-10-052) of the PHILHEALTH REGIONAL OFFICE IV-A, as shown in the attached duly notarized Secretary's Certificate;
  - 3. B.E. Corporation is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting:
  - 4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
  - **5. B.E. Corporation** is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
  - 6. None of the officers, directors, and controlling stockholders of B.E. Corporation is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
  - 7. B.E. Corporation complies with existing labor laws and standards; and
  - **8. B.E.** Corporation is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
    - a. Carefully examining all of the Bidding Documents;
    - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
    - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
    - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the PROCUREMENT OF OFFICE SUPPLIES (RFQ NO. 2023-10-052).

- B.E. Corporation did not give or pay directly or indirectly, any commission, amount, fee, or any form of
  consideration, pecuniary or otherwise, to any person or official, personnel or representative of the
  government in relation to any procurement project or activity.
- 10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 4th day of April 2023 at Quezon City, Philippines.

Rømeg Beloso AUTHORIZED REPRESENTATIVE OF B.E. Corporation AFFIANT

SUBSCRIBED AND SWORN to before me this 4th day of April 2023 at Quezon City, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his senior citizen identification card, with his photograph and signature appearing thereon, with no. 18020007 and. issued on Feb 01, 2018 at Antipolo City.

Doc. No.
Page No.
Book No.
Series of 703

#### SECRETARY'S CERTIFICATE

I, ROSE MARIE D. ALUMNO, duly elected and qualified Board Secretary of **B.E.** CORPORATION, a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal office address at 29 PANAY AVENUE OUEZON CITY, DO HEREBY CERTIFY THAT.

I am familiar with the facts herein certified and duly authorized to certify the same;

At the Special Meeting of the Board of Directors of the Corporation duly convened and held on <u>APRIL 4. 2023</u>, at <u>29 PANAY AVENUE OUEZON CITY</u>, at which meeting a quorum was present and acting throughout, the following resolutions were unanimously approved and adopted, and the same have not been annulled, revoked and amended in any way whatever and are in full force and effect on the date hereof:

RESOLVED, that **B.E. CORPORATION** be authorized, as it is hereby authorized and empowered to participate in the bidding of **PROCUREMENT OF OFFICE SUPPLIES (RFQ No. 2023-10-052)** by the **PHILHEALTH REGIONAL OFFICE IV-A**; and that if awarded the project shall enter into a contract with the **PHILHEALTH REGIONAL OFFICE IV-A**; and in connection therewith hereby appoint **ROMEO J. BELOSO**, acting as duly authorized and designated representative of the corporation, is granted full power and authority to do, execute and perform any and all acts necessary and/or to represent the corporation in the bidding as fully and effectively as the corporation might do if personally present with full power of substitution and revocation and hereby satisfying and confirming all that my said representative shall lawfully do and cause to be done by virtue hereof;

RESOLVED Further That, the corporation hereby authorizes its President to:

- 1. execute a waiver of jurisdiction whereby the corporation hereby submits itself to the jurisdiction of the Philippine government and hereby waives its right to question the jurisdiction of the Philippine courts;
- 2. execute a waiver that the corporation shall not seek and obtain a writ of injunction or prohibition or restraining order against any other agency in connection with this project to prevent and restrain the bidding procedures related thereto, the regotiating of and award of the contract to a successful bidder, and the carrying out of the awarded contract.

IN WITNESS WHEREOF, I hereb Quezon City.	y hereunto set my hand this at
	Rose Marie D. Alumno Corporate Secretary
at, Ph identified by the hough competent	
Doc. No. 326 Page No. 63 Book No. XVIII Series of vn7	Notary Public for until Roll of Attorneys No [ ], [ ]  PTR No [ ], [ ]  ATTY. ROSALINDA ADRIANO-MONTENEGRO  Commission Dec. 31, 2023 PIR No. 4023249 01/03/2023 - Q.C. IBP No. 25393 - 01/257023 - Q.C.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Philipealth Regional Office IV-A
Queena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
(042) 373-7554 @www.philhealth.gov.ph
IPhiliHealthRegion4A ¥teamphilhealth

#### REQUEST FOR QUOTATION

Date: March 28, 2023 RFO No: 2023 - 10 - 052

The Philippine Health Insurance Corporation (PhilHealth) through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

#### PROCUREMENT OF OFFICE SUPPLIES

Approved Budget

220,000.00

Purchase Request No/s

2023-01-047

**Mode of Procurement** 

NP - SMALL VALUE

**Period of Submission** 

March 29, 2023 to April 4, 2023

**Delivery Period** 

30 days upon receipt of PO

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards Committee

(SBAC)/ Procurement Unit

PhilHealth Regional Office IVA Brgy Ilayang Dupay Lucena City

Telephone: 02-84417444 local 5116 / (042) 373

7782/7056

procurement.pro4a@gmail.com bac.pro4a@philhealth.gov.ph ALLAN JEFFREY F. DATINGUINOO

Canvasser / Administrative Aide VI

Sofrem

JOY ANNE J. BANTUCAN

Administrative Services Officer II

Supplier who will submit a proposal / offer with the lowest calculated quotation shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Small Value Procurement (Sec. 53.9) shall be submitted within three (3) working days upon notification.

- 1. Mayor's /Business Permit for CY 2023;
- 2. PhilGEPs Registration Number; and
- 3. Proof of PhilHealth Contribution (latest)
- 4. Omnibus Sworn Statement (50K and above)
- 5. ITR/Business Tax Return with ABC above 500k

#### \*\*INSTRUCTION TO SUPPLIERS\*\*

- 1. Submit your quotation using the prescribed Quotation Form (Annex A of the RFQ).
- 2. Accomplish the Quotation Form and do not alter the contents of the form in any way.
- 3. Non-compliance with the submission of the <u>accomplished prescribed/standard Quotation Form</u> and <u>Documentary Requirements</u> as stated above within the prescribed deadline shall automatically be disqualified.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Q Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
(042) 373-7554 @www.philhealth.gov.ph

PhilHealthRegion4A Yteamphilhealth

"ANNEX A"

#### QUOTATION FORM

Name	e of Cor	www.		LADECON TRAF	) In a			
		npany:		JADESON TRAD		7 · · · · . · · · · · · · · · · · · · ·		
Addr				Wangman Road King	hts Of Colombus San Roque Antipolo City			
Conta	act Pers	ion:		Christia G.Bere	<u> </u>	<del></del>		
Conta	act Nun	nber:		09052690825				
Official Email Address: jadesonsdesign@				jadesonsdesign@gm	ail.com/jadesontrade@yahoo.com	***************************************		
After l	•	refully rea	ad and accep	ted the Terms and	d Conditions of this RFQ specified ir	n Annex B, hereu	nder is our quota	ation/s for the item
ltem No.	QTY	UNIT	Unit Price	Total Price	ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE please check the box if "Comply"		er's Offer you did not comply with ech Specs
est al		\$ 5[ 1 - 10 1 1 ] # # # # # # # # # # # # # # # # # # #	iling the street In the Action In the alleger			or"Not Comply")	Unit Price	Total Price
1	2500	box	88.00	220,000.00	BOX CORRUGATED, Dimension to fit the steel racks or racking system of the user	©Comply □Not Comply	79.99	199,975.00
	E				-Minimum Specifications: plain, 136kl / 300lbs., BC Flute Body: 16" × 10 1/2" × 10 3/6" Top: 16 1/2" × 11" × 2"			a de la companya de l
							TOTAL:	199,975.00
		O THE DELI	VERY PERIOD	UPON			Statement of Comp	iliance " or "Not Comply")
		ery Period receipt of P	0			<b>☑</b> Comply	□Not Con	nply
				the above require	ments.	( <del>72</del> )		
						Christia G.Bere Signature ove	r Printed Name	
						Sales and Market	ing/Authorized Repre	entative
						Postion/ Desig	nation	
						April 4,2023		
						Date		



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Q Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
(0.42) 973-7554 @www.philhealth.gov.ph

PhilHealthRegion4A teamphilhealth

"ANNEX B"

#### TERMS AND CONDITION:

- 1. Suppliers/Bidders shall provide correct and accurate information required in this form.
- 2. Suppliers/Bidders shall quote on Item.
- 3. Price quotation/s must valid for thirty (30) calendar days from the date of submission.
- 4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/ or levies payable.
- 5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
- 6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- 7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- 8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
- 9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tiebreaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
- 11. Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.
- 12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
- 13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for nonexpendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
- 14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift policy (Revision 1).
- 15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.



Signature over Printed Name

Sales and Marketing/Authorized Representative

Postion/ Designation

April 4,2023

Date



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhiliHealth Regional Office tV-A

© Lucena Grand Central Terminal, Brgy, Ilayang Dupay, Lucena City

(042) 373-7554 ⊕www.philhealth.gov.ph

PhilHealthRegion4A 

#teamphilhealth

#### REQUEST FOR QUOTATION

Date: March 28, 2023 RFQ No: 2023 - 10 - 052

The Philippine Health Insurance Corporation (PhilHealth) through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

#### **PROCUREMENT OF OFFICE SUPPLIES**

**Approved Budget** 

220,000.00

Purchase Request No/s

2023-01-047

**Mode of Procurement** 

NP - SMALL VALUE

**Period of Submission** 

March 29, 2023 to April 4, 2023

**Delivery Period** 

30 days upon receipt of PO

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards Committee

(SBAC)/ Procurement Unit

PhilHealth Regional Office IVA Brgy Ilayang Dupay Lucena City

Telephone: 02-84417444 local 5116 / (042) 373

7782/7056

procurement.pro4a@gmail.com bac.pro4a@philhealth.gov.ph ALLAN JEFFREY F. DATINGUINOO

Canvasser / Administrative Aide VI

JOY ANNE J. BANTUCAN

Administrative Services Officer II

Supplier who will submit a proposal / offer with the lowest calculated quotation shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Small Value Procurement (Sec. 53.9) shall be submitted within three (3) working days upon notification.

- 1. Mayor's /Business Permit for CY 2023;
- 2. PhilGEPs Registration Number; and
- 3. Proof of PhilHealth Contribution (latest)
- 4. Omnibus Sworn Statement (50K and above)
- 5. ITR/Business Tax Return with ABC above 500k

#### \*\*INSTRUCTION TO SUPPLIERS\*\*

- 1. Submit your quotation using the prescribed Quotation Form (Annex A of the RFQ).
- 2. Accomplish the Quotation Form and do not alter the contents of the form in any way.
- Non-compliance with the submission of the <u>accomplished prescribed/standard Quotation Form</u> and <u>Documentary Requirements</u> as stated above within the prescribed deadline shall automatically be disqualified.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
Q Lucena Grand Central Terminal, Brgy, Ileyang Dupay, Lucena City
(042) 373-7554 @ www.philhealth.gov.ph
PhilHealthRegion4A learning teamphilhealth

"ANNEX A"

#### **QUOTATION FORM**

Name of Company: TRIPLE G ANI								
		npany:			D A VENTURES INC.			
Addr	ess:			54 8TH STRE	ET NORTH SIGNAL VILLAGE			
Cont	act Pers	on:		GILMER S. RA	MOS			
Cont	act Num	nber:		09998592416				
Offic	ial Emai	l Addres	s:	triplegandaven	ures@gmail.com	~~~		
After having carefully read and accepted as follows:				ted the Terms and	Conditions of this RFQ specified in	Annex B, hereu	nder is our quotat	ion/s for the Item
Item	QTY	UNIT	Unit Price	Total Price	(TEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (please check the box if "Comply"		r's Offer puidid not comply with
100			<b>3</b>			or "Not Comply")	Unit Price	Total Price
1	2500	box	88.00	220,000.00	BOX CORRUGATED, Dimension to fit the steel racks or racking system of the user	Comply Not Comply	100.00	250, 000.00
					-Minimum Specifications: plain, 136kl / 300lbs., BC Flute Body: 16" x 10 1/2" x 10 3/6" Top: 16 1/2" x 11" x 2"			
							TOTAL:	
								·
COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O / J.O.				UPON		1	Statement of Compli the box if "Comply"	
**Date of Delivery Period -30 days upon receipt of PO						Comply	□Not Com	ply
I hereby certify to comply and deliver all the above requirem					ents.	GILMER S. RAMOS		
						Signature over	Printed Name	
						President		
						Postion/ Desig	nation	
						Date		



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PRIME Registral Office IV.A.

PhiliHealth Regional Office IV-A

Lucena Grand Central Terminal, Brgy, Ilayang Dupay, Lucena City

County of the c

"ANNEX B"

#### TERMS AND CONDITION:

- 1. Suppliers/Bidders shall provide correct and accurate information required in this form.
- 2. Suppliers/Bidders shall quote on Item.
- 3. Price quotation/s must valid for thirty (30) calendar days from the date of submission.
- 4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- 5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
- 6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- 7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- 8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
- 9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tiebreaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
- 11. Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.
- 12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
- 13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
- 14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift policy (Revision 1).
- 15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.

GILMER S. RAMOS

Signature over Printed Name

President

Postion/ Designation

April 3, 2023

Date

#### **Bid Notice Abstract**

Award Notice

#### Request for Quotation (RFQ)

Reference Number

9615521

**Procuring Entity** 

PHILIPPINE HEALTH INSURANCE CORPORATION - REGION - IV A

Title

Procurement of Office Supplies

Area of Delivery

Quezon

Printable Version

Solicitation Number:	2023-NPSV-07	Status	Closed
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)		
Classification:	Goods		
Category:	Office Supplies and Devices	Bid Supplements	0
Approved Budget for the Contract:	PHP 220,000.00		
Delivery Period:	30 Day/s		
Client Agency:		Document Request List	
Contact Person:	Vernalyn G. Clemeña Member of BAC Secretariat AMCJ Square Bldg., Diversjon Rd.,		
	Lucena City Quezon	Date Published	29/03/2023
	Philippines 4301 63-42-3737782	Last Updated / Time	29/03/2023 12:00 AM
	verna101208@yahoo.com	Closing Date / Time	04/04/2023 1:00 PM
Description		<u></u>	

Created by

Vernalyn G. Clemeña

**Date Created** 

28/03/2023

Back

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

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#### **Bid Notice Abstract**

#### Request for Quotation (RFQ)

**Reference Number** 

9615521

**Procuring Entity** 

PHILIPPINE HEALTH INSURANCE CORPORATION - REGION - IV A

Title

Procurement of Office Supplies

**Area of Delivery** 

Quezon

Solicitation Number:	2023-NPSV-07	Status	Pending
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	1
Classification:	Goods	Bid Supplements	0
Category:	Office Supplies and Device	es	
Approved Budget for the Contract:	PHP 220,000.00	Document Request List	0
Delivery Period:	30 Day/s		
Client Agency:			
		Date Published	29/03/2023
Contact Person:	Vernalyn G. Clemeña Member of BAC Secretaria	at L	
	AMCJ Square Bldg., Diversion Rd., Lucena City Quezon	Last Updated / Time	28/03/2023 14:31 PM
	Philippines 4301 63-42-3737782	Closing Date / Time	04/04/2023 13:00 PM
	verna101208@yahpo.com		,
Description	1	•	
Please see attached Request	for Quotation		

Created by

Vernalyn G. Clemeña

**Date Created** 

28/03/2023

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

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PhilHealth Regional Office IV-A

Cucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
(042) 373-7554 www.philhealth.gov.ph
PhilHealthRegion4A teamphilhealth

			PURCHASE REQ PhilHealth Regiona			
·	rtment / Of		······································	PR No.:		01-047
Divisio	n:	ADN	NIN	Date:	MAR 2 8	7077
Item No.	Unit	Item	Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	box	BOX CORRUGATED, Dime racking system of the use	nsion to fit the steel racks or r	2500	88.00	220,000.00
		****noth	ing follows*****			
		C.O.B. / Trust :	2023 COB			
		Expense Code :	5 02 03 010 01			
	:	Charge to :	Admin			
		Budget Limit :	220,000.00			
		Signature :	Merne			
			Ma. Pamela 6. Leynes			
	l				Grand Total	220,000.00
We ce items r	ertify that th requested	ne items and corresponding under this PR SHALL NOT, he	g amount listed above are ba ereinafter, be available for rec	sed on the CY alignment, unle	2023 COB and wess cancelled with	vithin the approved 2023 APP. All hin the prescribed period.
	PURPOSE:	for Office use (Procureme	ent of Office Supplies for 1st qt	r)		NP-Small Value (above 50K)
		Prepared by:	Requested by:	Recomr	mended by:	Approved By:
Signatu	ıre:	alah	fal	4	2	00/
Printed	Name :	CECILIA I. PUREZA	JOSEPH ADRIAN R. REJANO	BENJIE	A. CUVINAR	DANILO M. REYNES, MD, MPA
Design	ation :	OIC,GSN	OC, ASS	MSI	Dyread,	RVP, PRO IVA
Date :		gryps	3 W	3/	27/23	MAR 2 / 2023



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhiliPealth Regional Office IV-A

Q Lucena Grand Central Terminal, Brgy, Ilayang Dupay, Lucena City
€ (e42) 373-7554 ⊕www.pniihealth.gov.ph

В PhiliHealthRegion4A ⊌teamphilhealth

# APPROVED BUDGET FOR THE CONTRACT (ABC)

Procurement of Regular Office Supplies for 1st atr

within PRO IVA

Contract [	Contract Duration: CY 2023						Date:	(5/27/49
ITEM NO.	DESCRIPTION (b)	QTY (c)	TINU (b)	CURRENT MARKET PRICE ( e )	CURRENT NO. Of Days/Nights (If Applicable) (6)	Sub-Total (g)=[( c) ( e ) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(9)+(h)
-	BOX CORRUGATED, Dimension to fit the steel racks or racking system of the user	2500	pox	88.00		220,000.00		220,000.00
TOTAL							Í	220,000.00

Prepared by:

Certified Funded in COB

BENJIE A. CUVINAR

DANILO M. REYNES, MD, MPA RVP, PRO IVA

CECILIA I. PUREZA

ARON R. RIANO Head, FMS

MSD Chief

Approved:

Recommended by:



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A Q Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City (042) 373-7554 www.philhealth.gov.ph PhilHealthRegion4A teamphilhealth

			TECHNICAL SPECIFICATIONS
			Procurement of Regular Office Supplies for 1st qtr
Item No.	Qty	Unit	Item Description and Minimum Specifications
1	2500	box	BOX CORRUGATED, Dimension to fit the steel racks or racking system of the user
			Minimum Specifications:  plain, 136kl/300lbs., BC Flute Body: 16" x 10 1/2" x 10 3/6"  Top: 16 1/2" x 11 " x 2"

Delivery Period:

30 days

Prepared by:

CECILIA I. PUREZA

AO II

Recommended by:

BENJIE A. CUVINAR

MSD Chief

Noted by:

JOSEPH ADRIAN R. REJANO OIC, Administrative Services Section

Approved by:

DANILO M. REYNES, MD, MPA

RVP, PRO IVA

# Republic of the Philippines Philippine Health Insurance Corporation Project Procurement Management Plan Calendar Year 2023

Philhealth Regional Office IVA

							SCHEDULE	FOR EACH P	ROCUREMEN	SCHEDULE FOR EACH PROCUREMENT ACTIVITY					
Procurement Program/Project	Budget for Contract (ABC) Pr	Mode of Pre-Proc Procurement Conference	Pre-Proc Ads/Post of Conference ITB	Ads/Post of ITB	Pre-Bid Conference	Eligibility Sub/Open Check of Bids	Sub/Open of Bids	Bid Evaluation	Post Qual	Post Qual Notice of Award	Contract Signing	Notice to Proceed	Delivery Acceptance Completion Turnover	Acceptance	Remarks
1st Quarter							23.4								
Procurement of Regular Office Supplies	e Supplies											X 37 1 1			
ADHESIVE TAPE size: 1" double sided with foam	655.00 Shopping	popping	07-Feb	08-Feb									15-Feb	02-Mar	
ADHESIVE TAPE size: 1" double sided without foam	573.80 Shopping	pping	07-Feb	08-Feb									15-Feb	02-Mar	
ADHESIVE TAPE size: 2" double sided with foam	1,400.00 Shopping	popping	07-Feb	08-Feb									15-Feb	02-Mar	
ADHESIVE TAPE size: 2" double sided without foam	368.00 Shopping	popping	07-Feb	08-Feb									15-Feb	02-Mar	
BOX CORRUGATED, Dimension to fit the steel racks or racking system of	220,000.00 Negotiated Procuremer - Small	Negotiated Procurement - Small	12-Jan	13-Jan							20-Jan		15-Feb	02-Mar	
the user	Va Pro	Value Procurement													
CONTINUOUS FORM 11 x 14-7/8, 2 ply, plain, 70 gsm, 1000 sets/box	43,736.00 Negotiated Procurement - Agency to Agency	Negotiated Procurement - Agency to Agency	12-Jan	13-Jan							20-Jan		15-Feb	02-Mar	
DRINKING WATER Purified, 5 gallon/container	122,500.00 Negotiated Procuremen - Small Value Procuremen Procuremen Procuremen Procuremen	Negotiated Procurement - Small Value Procurement	12-Jan	13-Jan							20-Jan		15-Feb	02-Mar	
ENVELOPE DOCUMENTARY A4 size, kraft, 229mm x 324mm, min. weight of 150gsm, 500 pcs/box	30,576.00 Negotiated Procuremen - Agency to Agency	Negotiated Procurement - Agency to Agency	12-Jan	13-Jan							20-Jan		15-Feb	02-Mar	
ENVELOPE EXPANDING KRAFT board, min. of 285gsm for short size papers/documents	27,900.00 Shopping	phing	07-Feb	08-Feb									15-Feb	02-Mar	

#### BEF - 3

### CHECKLIST OF DOCUMENTARTY REQUIREMENT

FOR CERTIFYING BUDGET AVAILABILITY FOR APPROVED **BUDGET FOR THE CONTRACT (ABC)** Procurement of Regular Office Supplies for 1st Qtr Subject: Gross Budg 220,000.00 1 ( ) Duly certified Abstract/ Matrix of canvass supported with the latest quotations from at least three (3) suppliers or copy of Certification of Sole Distributorship 2 ( ) Copy of Corporate Personnel Order, if applicable 3 () Copy of Contract, if applicable 4 ( ) Copy of approved Terms of Reference, if applicable 5 () Breakdown of estimated budgetary requirement per object of expenditures, if the activity/item to be conducted/procured is chargeable to various expenses 6 ( ) List of Distribution per cost center, if the item to be conducted/procured is chargeable to various offices 7 ( ) Copy of the approved Request for Realignment of Funds (ReRef), if applicable 8 ( ) Copy of approved amendment of APP or signed Certification from SBAC/PRO BAC that the activity/item is for inclusion in the APP amendment; if applicable 9 (✓) Copy of PPMP, if applicable 10 (✓) two (2) copies of properly filled up ABC Form (3 copies) 11 (✓) Strategic objectives (\$tObs) 10 Approved Budget for the Contract (ABC) shall be computed using the average price of at least three (3) suppliers as per Abstract/matrix of Canvass but not to exceed the approved budget per COB, allowable rate per existing guidelines and the amount indicated in the Terms of Reference (TOR), if applicable Prepared by:

Printed Name and Signature (Budget Officer/Designate)

Date & Time Receive				Purchase Request No.: <b>2023-01-047</b>
Project Title:	Corrugated	<del></del>		Originating Unit/Office: ADMIN
ABC/Total Est. Cost: Expense Code:	₱220,000.0 502030100			Mode of Procurement: NP - Small Value Procurement
ACTIVITY	PERSONNEL ASSIGNED	DATE & TIME ACCOMPLISHED	SIGNATURE	REMARKS
Initial Assessment of Required Docs	J. Bantucan	z/p8	P	Required Documents to be submitted in 3 sets (original & 2 copies):
Validation & Updating of PPMP/SEPP	C. Pureza	7,2/28	R	And which and product and the second
Encoding to PMD	V. Clemeña	9 31-0	$\mathcal{O}$	
Preparation of RFQ	A. Datinguinoo		an i Walifa kang maini - Yang Manin an Inggangang a Taga	
PhilGEPS Posting (required for ABC above 50K)	SBAC - A. Villanueva V. Cumu	3/18	fan	Published Date:
Requesting of Quotation from Supplier	A. Datinguinoo	4/4/23	A	Number of Suppliers sent:
Preparation of AoQ	A. Datinguinoo	4 5 23	A	1. Mayor's/Business Permit 2. PhilGEPS registration number 3. PhilHealth Certificate of Good Standing/Copy of Remittance 4. Omnibus Statement for project with ABC above 50K 5. ITR/Business Tax Return with ABC above 500K
Preparation of PO	A. Datinguinoo	4 7/23	Ð	2013-04-073
Serving of PO	A. Datinguinoo	4/24/23	P	*
Posting of Contract to PhilGEPS	SBAC - A. Villanueva		/	Published Date: Award Notice Number:

ACTIVITY and ROUTE SLIP SBAC/PROCUREMENT UNIT

Date & Time Received Project Title: ABC/Total Est. Cost:	March 28, 2 Corrugated P220,000.00	Вох	Purchase Request No.: Originating Unit/Office: Mode of Procurement:	ADMIN	Procurement
ROUTE HISTORY					
Date & Time Issued	From	Issued to	REMARKS	Date & Time Received	Signature
3/28	Jŋ	and-wer	for processing	3 28 23	JP .
3/20/23	Allan	Mr. Verna	- for posting , modays du + 5 days posting , modays du + MA - Was-10-052	1/8/13	830
2/108/12	View	allan	T M Q - NV3-W-US Z	3/20/25	P
4-5-23	Allan		ADD preparation		
			+4-4-23 to 4-10-23 was Holiday		
4-12-23	Allan	Mr. aui	* for AOD evaluation	4-12-23	K
4:13:23	G.Cosi	A. Cant	For ADD recommedition of C. Aures	4/17/23	gr)
1/13/23	Copun	As Lyon	for approved		The same of the sa
YA	V-Lyan	Alla	for 100 page.	YIP	110
4/12/23	Allan	Ms. Grau	for po checking		
5/11/23	Allan		- received copy of Po-from		

ACTIVITY and ROUTE SLIP SBAC/PROCUREMENT UNIT